

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <u>Stage Stores, Inc., a Delaware corporation</u> <u>Specialty Retailers, Inc., a Texas corporation</u> <u>Specialty Retailers, Inc. (NV), a Nevada corporation</u> *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-24717 United States District Court Southern District of Texas FILED JUN 29 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Holiday Inn Express-Port Huron		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**3-DIGIT 480 Holiday Inn Express-Port Huron 1720 Hancock St Port Huron MI 48060-2865 [Barcode]		Check box if you have never received any notices from the bankruptcy court in this case	
Account or other number by which creditor identifies debtor:		Check box if the address differs from the address on the envelope sent to you by the court.	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: <u>5-15-00</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>146,98</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>146,98</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		530	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>6/27/00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Jon T. Weller</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

UNITED STATES BANKRUPTCY COURT

Southern District of Texas

Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 11 bankruptcy case concerning each of the debtor corporations listed below was filed on June 1, 2000

You may be a creditor of one or more of the debtor(s). **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the cases may be inspected at the bankruptcy clerk's office at the address listed below.

NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.

Debtor (name(s), case numbers and address):

Stage Stores, Inc., a Delaware corp.; Case No. 00-35078-H2-11
 Specialty Retailers, Inc., a Texas corp.; Case No. 00-35079-H2-11
 Specialty Retailers, Inc. (NV), a Dallas corp.; Case No. 00-35080-H2-11
 10210 Main Street
 Houston, TX 77025-5229
Toll Free Number: 1-800-804-2013 (for case information)

Jointly Administered Under
 Case Number 00-35078-H2-11

Taxpayer ID Nos:

76-0407711 (Stage Stores, Inc.)
 74-0821900 (Specialty Retailers, Inc.)
 91-1826900 (Specialty Retailers, Inc. (NV))

Attorney for Debtors (name and address):

Andrew E. Jillson, Esq.
 Lynnette R. Warman, Esq.
 Jenkins & Gilchrist, a Professional corporation
 1445 Ross Avenue, Suite 3200
 Dallas, TX 75202-2799

Attorneys for Debtors Telephone Number:

Toll Free 1-877-559-9672

Information may also be obtained from the following website:

Website address: www.stagestoresbankruptcy.com

Meeting of Creditors

Date: 7 / 11 / 00 Time: 2:00 () A.M.
 (X) P.M.

Location: U.S. Courthouse
 Jury Assembly Room
 515 Rusk, 6th Floor
 Houston, Texas 77002

Deadlines to File a Proof of Claim

Proofs of Claim must be *received* by the bankruptcy clerk's office by the following deadline:

For all creditors (except a governmental unit): 10/9/00

For a governmental unit: 11/28/00

Mail claim to: U.S. Bankruptcy Court
P.O. Box 61288
Houston, TX 77208

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:

515 Rusk Avenue
 1st Floor
 Houston, Texas 77002
 Telephone number: 713/250-5115

For the Court:

Clerk of the Bankruptcy Court:

Michael N. Milby, Clerk

Hours Open: 9:00 a.m. - 4:30 p.m.

Date:



5 4 7

Name & Address

JEANNE ANDERSON
10201 MAIN ST
TX
HOUSTON TX 77055

Room 305/11
Arrive Date 04/30/00
Dept. Date 05/05/00
Folio # 33333
Room Rate \$ 45.00
Account 3-33333
Mkt/Seg 3-33333

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I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0430	111	0430000	AUT	GUEST RIDE	45.00	.00	45.00
0430	811	0430001	AUT	STATE TAX	1.00	.00	46.00
0430	812	0430002	AUT	CORPORATE TAX	1.50	.00	47.50
0501	111	0501000	AUT	GUEST RIDE	45.00	.00	92.50
0501	811	0501001	AUT	STATE TAX	1.00	.00	93.50
0501	812	0501002	AUT	CORPORATE TAX	1.50	.00	95.00
TOTAL							\$ 95.00

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE

FOLIO NO./CHECK NO.

AUTHORIZATION

I.D.

PURCHASES & SERVICES

TOTAL AMOUNT